

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35724
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **2600 Clifton.** Registered No. **9301**
(e) Length of residence in city or town where death occurred **83** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leon F. Witzig.
(a) Residence, No. **2600 Clifton.** St. **3**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male.** 4. COLOR OR RACE **White.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed.**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eliza Witzig.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 19th, 1853.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83. 10. 14.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
9. Industry or business in which work was done, as saw mill, bank, etc. **Newspaper Reporter**
10. Date deceased last worked at this occupation (month and year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Missouri.**

13. NAME **John J. Witzig.**
14. BIRTHPLACE (CITY OR TOWN) **Melonse,** (STATE OR COUNTRY) **France.**

15. MAIDEN NAME **Eugenie Royer.**
16. BIRTHPLACE (CITY OR TOWN) **Etampes,** (STATE OR COUNTRY) **France.**

17. INFORMANT **Dr J. T. Funkhauser.** (ADDRESS) **801 University Club Bld'g.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park Cem.** DATE **Oct 5th 1937**

19. FUNERAL DIRECTOR **C. R. Lupton & Sons.** (ADDRESS) **4449 Olive Street.**

20. FILER **OCT 4 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3- 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 20, 1937** to **Oct 3, 1937**
Next saw him alive on **Oct 2- 1937** Death is said to have occurred on the date stated above, at **6 A. m.**
The principal cause of death and related causes of importance were as follows:

carcinoma of Larynx
Other contributory causes of importance: **carcinoma of Larynx**

Name of operation **none** Date of **none**
What test confirmed diagnosis? **none except clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify (Signed) **John P. Murphy** M. D.
(Address) **1312 E. 12th St. St. Louis, Mo.**

FO-3800

2616 N. Highway
to 8790

STATEMENT BY LICENSED EMBALMER

I, J. G. Lupton, Licensed Embalmer No. #2122,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by V. E. Morris,
L. E.
No. #3260, or by _____,
working under my personal supervision.

Signed

J. G. Lupton
Licensed Embalmer No. #2122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)